

EXHIBIT C

Santa Rita Jail Grievance Responses

Breakfast Had Wrong Ingredients

Breakfast Shortages: TN 4316, TN 20-4302, 20-4351, 20-4389

Dinner Shortages 20-4390

Lunch Shortages 20-4390; 20-4216, 20-4348

Meals Missing Items 20-2816, 20-2803, 20-2857, 20-1880

Repeated Lack of Response to Food Shortages 20-3520

Inmate Copy

INMATE GRIEVANCE RESPONSEGRIEVANCE TRACKING NUMBER: 20-0371INMATE: MISCH, DAVID PFN: AMU732 HOUSING UNIT LOCATION: 2 B-02GRIEVANCE IS AFFIRMED: DENIED: WITHDRAWN: RESOLVED: X REFERRED: **If grievance is denied, give reason for denial. If affirmed, state what corrective action will be taken (if applicable):**

These findings are based on a review of your grievance received on **January 29, 2020**. In your grievance, you made the following claim:

- Your breakfast meal contained the wrong ingredient.

Response:

The Grievance Unit has reviewed and investigated your claim thoroughly and provided an explanation of its findings below.

Aramark was contacted regarding your claim. (Your claim was confirmed and the staff was counseled.) Aramark has recognized your concern and the staff has been instructed to follow the approved menu.

Your grievance is **RESOLVED**.

Investigating Deputy: R. Firmeza, Deputy KDate: 3/25/20Investigating Supervisor: M. Carausu, Sergeant ADate: 032620Inmate's Signature: D. MischDo you wish to appeal this ruling? Yes No X Refused to Answer Date: 4-30-20Appeal Officer: Recommendation: Date:

Reason for affirmation or denial: (If different from above)

Commanding Officer: Lt. Carrie Carone #1601 CC Recommendation: RESOLVEDDate: 5/5/2020

INMATE GRIEVANCE RESPONSEGRIEVANCE TRACKING NUMBER: 20-4302INMATE: MISCH, DAVID PFN: AMU732 HOUSING UNIT LOCATION: 2 B 02GRIEVANCE IS AFFIRMED: _____ DENIED: _____ WITHDRAWN: _____ RESOLVED: _____ REFERRED: X**If grievance is denied, give reason for denial. If affirmed, state what corrective action will be taken (if applicable):**

These findings are based on a review of your grievance received on **December 16, 2020**. In your grievance, you made the following claim:

- Your breakfast tray was missing the required portions of food.

Response: The Grievance Unit reviewed your claim thoroughly and found that your issues were previously addressed in tracking 20-4215.

Unfortunately, you did not believe the food contained within the meal was correct.

The Grievance Unit cannot track an assigned meal, however, if you have an issue, notify the housing unit deputy of the missing items before the food tray or bag of lunch is opened. The housing unit deputy can contact the kitchen to verify the contents and obtain a new food tray or bag of lunch if necessary.

Your grievance is DENIED.

Your grievance is **REFERRED** to grievance 20-4215.

Investigating Deputy: A. Nederostek, Deputy ^m Date: 1/04/21
 Investigating Supervisor: M. Carausu, Sergeant ^B Date: 01/05/21
 Inmate's Signature: D. Misch
 Do you wish to appeal this ruling? Yes X No _____ Refused to Answer _____ Date: 1-6-21
 Appeal Officer: H. Gennell Recommendation: Denial / Referred to 20-4215 Date: 1.9.21
 Reason for affirmation or denial: (If different from above)
 Commanding Officer: 1st Carrie Carone #1601 ^{CAC} Recommendation: REFERRED Date: 1/19/2021

INMATE GRIEVANCE RESPONSE*Inmate Copy*GRIEVANCE TRACKING NUMBER: 20-4351INMATE: MISCH, DAVID PFN: AMU732 HOUSING UNIT LOCATION: 2 B 02GRIEVANCE IS AFFIRMED: _____ DENIED: _____ WITHDRAWN: _____ RESOLVED: _____ REFERRED: X**If grievance is denied, give reason for denial. If affirmed, state what corrective action will be taken (if applicable):**

These findings are based on a review of your grievance received on **December 19, 2020**. In your grievance, you made the following claim:

- Your breakfast tray was missing the required portions of food.

Response: The Grievance Unit reviewed your claim thoroughly and found that your issues were previously addressed in tracking 20-4215.

Unfortunately, you did not believe the food contained within the meal was correct.

The Grievance Unit cannot track an assigned meal, however, if you have an issue, notify the housing unit deputy of the missing items before the food tray or bag of lunch is opened. The housing unit deputy can contact the kitchen to verify the contents and obtain a new food tray or bag of lunch if necessary.

Your grievance is DENIED.

Your grievance is **REFERRED** to grievance 20-4215.

Investigating Deputy: A. Niderostek, Deputy ^{AN} Date: 1/04/21
 Investigating Supervisor: M. Carausu, Sergeant ^{MC} Date: 010521
 Inmate's Signature: D. Misch
 Do you wish to appeal this ruling? Yes X No _____ Refused to Answer _____ Date: 1-6-21
 Appeal Officer: K. Gammell Recommendation: Denial Referred to 20-4215 Date: 1-9-21
 Reason for affirmation or denial: (If different from above) _____
 Commanding Officer: Carrie Carone #1601 ^{CAC} Recommendation: REFERRED Date: 1/19/2021

INMATE GRIEVANCE RESPONSEGRIEVANCE TRACKING NUMBER: 20-4389INMATE: MISCH, DAVID PFN: AMU732 HOUSING UNIT LOCATION: 2 B 02GRIEVANCE IS AFFIRMED: _____ DENIED: _____ WITHDRAWN: _____ RESOLVED: _____ REFERRED: X**If grievance is denied, give reason for denial. If affirmed, state what corrective action will be taken (if applicable):**

These findings are based on a review of your grievance received on **December 24, 2020**. In your grievance, you made the following claim:

- Your breakfast tray was missing the required portions of food.

Response: The Grievance Unit reviewed your claim thoroughly and found that your issues were previously addressed in tracking 20-4215.

Unfortunately, you did not believe the food contained within the meal was correct.

The Grievance Unit cannot track an assigned meal, however, if you have an issue, notify the housing unit deputy of the missing items before the food tray or bag of lunch is opened. The housing unit deputy can contact the kitchen to verify the contents and obtain a new food tray or bag of lunch if necessary.

Your grievance is DENIED.

Your grievance is **REFERRED** to grievance 20-4215.

Investigating Deputy: A. Nederostek, Deputy Date: 1/04/21
 Investigating Supervisor: M. Carausu, Sergeant Date: 010521
 Inmate's Signature: D. Misch
 Do you wish to appeal this ruling? Yes X No _____ Refused to Answer _____ Date: 1-6-21
 Appeal Officer: J. Gammell Recommendation: Denial / Referred to 20-4215 Date: 1.9.21
 Reason for affirmation or denial: (If different from above)
 Commanding Officer: Lt. Carrie Carone #1601 Recommendation: REFERRED Date: 1/19/2021

INMATE GRIEVANCE RESPONSE*Inmate Copy*GRIEVANCE TRACKING NUMBER: 20-4390INMATE: MISCH, DAVID PFN: AMU732 HOUSING UNIT LOCATION: 2 B 02GRIEVANCE IS AFFIRMED: _____ DENIED: _____ WITHDRAWN: _____ RESOLVED: _____ REFERRED: X**If grievance is denied, give reason for denial. If affirmed, state what corrective action will be taken (if applicable):**

These findings are based on a review of your grievance received on **December 24, 2020**. In your grievance, you made the following claim:

- Your dinner meal was missing the required portions of food.

Response: The Grievance Unit reviewed your claim thoroughly and found that your issues were previously addressed in tracking 20-4215.

Unfortunately, you did not believe the food contained within the meal was correct.

The Grievance Unit cannot track an assigned meal, however, if you have an issue, notify the housing unit deputy of the missing items before the food tray or bag of lunch is opened. The housing unit deputy can contact the kitchen to verify the contents and obtain a new food tray or bag of lunch if necessary.

Your grievance is DENIED.

Your grievance is **REFERRED** to grievance 20-4215.

Investigating Deputy: A. Nederostek, Deputy Date: 1/04/21
 Investigating Supervisor: M. Carausu, Sergeant Date: 01/05/21
 Inmate's Signature: D. Misch
 Do you wish to appeal this ruling? Yes X No _____ Refused to Answer _____ Date: 1-6-21
 Appeal Officer: R. Greenwell Recommendation: Denial/ Referred to 20-4215 Date: 1.9.21
 Reason for affirmation or denial: (If different from above)
 Commanding Officer: Carrie Carone #1601 Recommendation: REFERRED Date: 1/19/2021

INMATE GRIEVANCE RESPONSEGRIEVANCE TRACKING NUMBER: 20-4215INMATE: MISCH, DAVID PFN: AMU732 HOUSING UNIT LOCATION: 2 B 02GRIEVANCE IS AFFIRMED: _____ DENIED: X WITHDRAWN: _____ RESOLVED: _____ REFERRED: _____**If grievance is denied, give reason for denial. If affirmed, state what corrective action will be taken (if applicable):**

These findings are based on a review of your grievance received on **December 10, 2020**. In your grievance, you made the following claim:

- You received a lunch that had problems with the amounts required for your Halal/Kosher diet.

Response: The Grievance Unit has reviewed and investigated your claim thoroughly and provided an explanation of its findings below.

Unfortunately, you did not believe the food contained within the meal was correct.

The Grievance Unit cannot track an assigned meal, however, if you have an issue, notify the housing unit deputy of the missing items before the food tray or bag of lunch is opened. The housing unit deputy can contact the kitchen to verify the contents and obtain a new food tray or bag of lunch if necessary.

Your grievance is **DENIED**.

Investigating Deputy: A. Nederostek, Deputy Date: 1/04/21
 Investigating Supervisor: M. Carausu, Sergeant Date: 01/05/21
 Inmate's Signature: D. Misch
 Do you wish to appeal this ruling? Yes X No _____ Refused to Answer _____ Date: 1-6-21
 Appeal Officer: K. Gennell Recommendation: Denial Date: 1.9.21
 Reason for affirmation or denial: (If different from above)

Commanding Officer: Carrie Carone #1601 Recommendation: **DENIED** Date: 1/19/2021

INMATE GRIEVANCE RESPONSEGRIEVANCE TRACKING NUMBER: 20-4216INMATE: MISCH, DAVID PFN: AMU732 HOUSING UNIT LOCATION: 2 B 02GRIEVANCE IS AFFIRMED: _____ DENIED: _____ WITHDRAWN: _____ RESOLVED: _____ REFERRED: X**If grievance is denied, give reason for denial. If affirmed, state what corrective action will be taken (if applicable):**

These findings are based on a review of your grievance received on **December 10, 2020**. In your grievance, you made the following claim:

- You received a lunch that had problems with the amounts required for your Halal/Kosher diet.

Response: The Grievance Unit reviewed your claim thoroughly and found that your issues were previously addressed in tracking 20-4215.

Unfortunately, you did not believe the food contained within the meal was correct.

The Grievance Unit cannot track an assigned meal, however, if you have an issue, notify the housing unit deputy of the missing items before the food tray or bag of lunch is opened. The housing unit deputy can contact the kitchen to verify the contents and obtain a new food tray or bag of lunch if necessary.

Your grievance is **DENIED**.

Your grievance is **REFERRED** to grievance 20-4215.

Investigating Deputy: A. Nederostek, Deputy Date: 1/04/21
 Investigating Supervisor: M. Carasu, Sergeant Date: 01/05/21
 Inmate's Signature: D. Misch
 Do you wish to appeal this ruling? Yes X No _____ Refused to Answer _____ Date: 1/6/21
 Appeal Officer: K. Gammell Recommendation: Denied Refer Date: 1.9.21
 Reason for affirmation or denial: (If different from above) to 20-4215
 Commanding Officer: Carrie Carone #1601 Recommendation: **REFERRED** Date: 1/19/2021

INMATE GRIEVANCE RESPONSE*Inmate Copy*GRIEVANCE TRACKING NUMBER: 20-4348INMATE: MISCH, DAVID PFN: AMU732 HOUSING UNIT LOCATION: 2 B 02GRIEVANCE IS AFFIRMED: _____ DENIED: _____ WITHDRAWN: _____ RESOLVED: _____ REFERRED: X**If grievance is denied, give reason for denial. If affirmed, state what corrective action will be taken (if applicable):**

These findings are based on a review of your grievance received on **December 19, 2020**. In your grievance, you made the following claim:

- Every day your lunch has been shortened the required portions of food.

Response: The Grievance Unit reviewed your claim thoroughly and found that your issues were previously addressed in tracking 20-4215.

Unfortunately, you did not believe the food contained within the meal was correct.

The Grievance Unit cannot track an assigned meal, however, if you have an issue, notify the housing unit deputy of the missing items before the food tray or bag of lunch is opened. The housing unit deputy can contact the kitchen to verify the contents and obtain a new food tray or bag of lunch if necessary.

Your grievance is DENIED.

Your grievance is **REFERRED** to grievance 20-4215.

Investigating Deputy: A. Nederostek, Deputy *[Signature]* Date: 1/04/21
 Investigating Supervisor: M. Carausu, Sergeant *[Signature]* Date: 010521
 Inmate's Signature: D. Misch
 Do you wish to appeal this ruling? Yes X No _____ Refused to Answer _____ Date: 1-6-21
 Appeal Officer: [Signature] Recommendation: Denied/Referred to 20-4215 Date: 1.9.21
 Reason for affirmation or denial: (If different from above) _____
 Commanding Officer: Carrie Carone #1601 *[Signature]* Recommendation: REFERRED Date: 1/19/2021

INMATE GRIEVANCE RESPONSE*Inmate Copy*GRIEVANCE TRACKING NUMBER: 20-2816INMATE: MISCH, DAVID PFN: AMU732 HOUSING UNIT LOCATION: HU 2 B02GRIEVANCE IS AFFIRMED: DENIED: X WITHDRAWN: RESOLVED: REFERRED: **If grievance is denied, give reason for denial. If affirmed, state what corrective action will be taken (if applicable):**

These findings are based on a review of your grievance received on **08/30/20**. In your grievance, you made the following claim:

- You have been missing required items in your special diet meals.

Response: The Grievance Unit has reviewed and investigated your claim thoroughly and provided an explanation of its findings below.

Inmate meals are approved by a registered dietitian and the facility Commander. The inmate meals also meet the federal, state, and local guidelines for nutritional requirements, quantity and quality. Furthermore, Santa Rita Jail is an accredited facility that meets state and county mandates to serve Alameda County. Santa Rita Jail continually passes thorough inspections from outside agencies to remain an accredited facility. Among those entities are the Board of State and Community Corrections (BSCC), who is tasked with establishing and revising Minimum Standards for local adult and juvenile detention facilities in California. It also inspects those facilities for compliance with these standards and reports its findings to the State Legislature.

Unfortunately, you did not believe the food contained within the tray was correct.

The Grievance Unit cannot track an assigned meal, however, if you have an issue, notify the housing unit deputy. The housing unit deputy can contact the kitchen to verify the contents.

Any requests, recommendations, or concerns you have, may be addressed using an Inmate Message Request addressed to Aramark/kitchen.

Your grievance is **DENIED**.

Investigating Deputy:	<u>A. Nederostek, Deputy</u>	Date:	<u>09/04/20</u>
Investigating Supervisor:	<u>M. Carausu, Sergeant</u>	Date:	<u>09/04/20</u>
Inmate's Signature:	<u>D. Misch</u>		
Do you wish to appeal this ruling?	Yes <u>X</u> No <u> </u> Refused to Answer <u> </u>	Date:	<u>9/17/20</u>
Appeal Officer:	<u>LT. C. JONES #1763</u>	Recommendation:	<u>DENIED</u>
Reason for affirmation or denial: (If different from above)		Date:	<u>9/18/20</u>
Commanding Officer:	<u>Lt. Carrie Carone #1601</u>	Recommendation:	<u>DENIED</u>
		Date:	<u>9/24/2020</u>

Inmate Copy

INMATE GRIEVANCE RESPONSEGRIEVANCE TRACKING NUMBER: **20-2803**INMATE: **MISCH, DAVID** PFN: **AMU732** HOUSING UNIT LOCATION: **HU 2 B02**GRIEVANCE IS AFFIRMED: _____ DENIED: **X** WITHDRAWN: _____ RESOLVED: _____ REFERRED: _____**If grievance is denied, give reason for denial. If affirmed, state what corrective action will be taken (if applicable):**

These findings are based on a review of your grievance received on **08/29/20**. In your grievance, you made the following claim:

- You are missing cookies in your Halal/Kosher lunches.

Response: The Grievance Unit has reviewed and investigated your claim thoroughly and provided an explanation of its findings below.

Inmate meals are approved by a registered dietitian and the facility Commander. The inmate meals also meet the federal, state, and local guidelines for nutritional requirements, quantity and quality. Furthermore, Santa Rita Jail is an accredited facility that meets state and county mandates to serve Alameda County. Santa Rita Jail continually passes thorough inspections from outside agencies to remain an accredited facility. Among those entities are the Board of State and Community Corrections (BSCC), who is tasked with establishing and revising Minimum Standards for local adult and juvenile detention facilities in California. It also inspects those facilities for compliance with these standards and reports its findings to the State Legislature.

The Grievance Unit cannot track an assigned meal.

Any requests, recommendations, or concerns you have, may be addressed using an Inmate Message Request addressed to Aramark/kitchen.

Your grievance is **DENIED**.

Investigating Deputy:

A. Nederostek, DeputyDate: **09/04/20**

Investigating Supervisor:

M. Carausu, SergeantDate: **09/04/20**

Inmate's Signature:

D. Misch

Do you wish to appeal this ruling?

Yes **X**

No _____

Refused to Answer _____

Date: **9/17/20**Appeal Officer: **LT. C. JONES #1763**Recommendation: **DENIED**Date: **9/18/20**

Reason for affirmation or denial: (If different from above)

Commanding Officer: **Lt. Carrie Carone #1601***CAC*Recommendation: **DENIED**Date: **9/24/2020**

Inmate Copy

INMATE GRIEVANCE RESPONSE

GRIEVANCE TRACKING NUMBER: 20-2857INMATE: MISCH, DAVID PFN: AMU732 HOUSING UNIT LOCATION: HU 2 B 02GRIEVANCE IS AFFIRMED: DENIED: WITHDRAWN: RESOLVED: REFERRED: X

If grievance is denied, give reason for denial. If affirmed, state what corrective action will be taken (if applicable):

These findings are based on a review of your grievance received on **09/02/20**. In your grievance, you made the following claim:

- You have missing required items in your special diet meals.

Response: The Grievance Unit has reviewed and investigated your claim thoroughly and found that your issues were previously addressed in tracking number 20-2816.

* Inmate meals are approved by a registered dietitian and the facility Commander. The inmate meals also meet the federal, state, and local guidelines for nutritional requirements, quantity and quality. Furthermore, Santa Rita Jail is an accredited facility that meets state and county mandates to serve Alameda County. Santa Rita Jail continually passes thorough inspections from outside agencies to remain an accredited facility. Among those entities are the Board of State and Community Corrections (BSCC), who is tasked with establishing and revising Minimum Standards for local adult and juvenile detention facilities in California. It also inspects those facilities for compliance with these standards and reports its findings to the State Legislature.

Unfortunately, you did not believe the food contained within the tray was correct.

The Grievance Unit cannot track an assigned meal, however, if you have an issue, notify the housing unit deputy. The housing unit deputy can contact the kitchen to verify the contents.

Any requests, recommendations, or concerns you have, may be addressed using an Inmate Message Request addressed to Aramark/kitchen. Have sent close to 30 msg Request with no

Your grievance is **DENIED**.

Reply, A Sgt. Barnes is supposedly in charge of Aramark's program/diets. 20 Electronic since 5-2020

Your grievance is **REFERRED** to grievance 20-2816.

Investigating Deputy:

A. Nederostek, DeputyDate: 09/18/20

Investigating Supervisor:

M. Carausu, SergeantDate: 09/18/20

Inmate's Signature:

David Misch

Do you wish to appeal this ruling?

Yes

X No

Refused to Answer

Date: 9-24-20

Appeal Officer:

LT. A. Leca

Recommendation:

REFERREDDate: 09 28 2020

Reason for affirmation or denial: (If different from above)

Commanding Officer: Lt. Carrie Carone #1601

Recommendation:

REFERRED

Date:

10/6/2020

INMATE GRIEVANCE RESPONSE*Inmate Copy*GRIEVANCE TRACKING NUMBER: 20-1880INMATE: MISCH, DAVID PFN: AMU732 HOUSING UNIT LOCATION: 02 B 02GRIEVANCE IS AFFIRMED: DENIED: WITHDRAWN: RESOLVED: X REFERRED: **If grievance is denied, give reason for denial. If affirmed, state what corrective action will be taken (if applicable):**

These findings are based on a review of your grievance received on **May 24, 2020**. In your grievance, you made the following claim:

- You believe your lunch was missing a piece of fruit.

Response: The Grievance Unit has reviewed and investigated your claim thoroughly and provided an explanation of its findings below.

Aramark staff was contacted regarding your claim and were advised to ensure all Kosher/Halal lunches have sufficient fruit to satisfy your dietary needs.

If you have an issue with a meal, contact the housing unit deputy immediately. When appropriate, the deputy will replace your meal and/or contact the kitchen to remedy the situation.

Your grievance is **RESOLVED**.

Investigating Deputy: O. O'Brien, Deputy *OH* Date: 05/27/20
 Investigating Supervisor: M. Carausu, Sergeant *K* Date: 052820
 Inmate's Signature: *D. Misch*
 Do you wish to appeal this ruling? Yes No X Refused to Answer Date: 6-4-2
 Appeal Officer: Recommendation: Date:
 Reason for affirmation or denial: (If different from above)
 Commanding Officer: Lt. Carrie Carone #1601 *COC* Recommendation: RESOLVED Date: 6/8/2020

INMATE GRIEVANCE RESPONSE

Inmate Copy

GRIEVANCE TRACKING NUMBER: 20-3520INMATE: MISCH, DAVID PFN: AMU732 HOUSING UNIT LOCATION: HU 2 B 02GRIEVANCE IS AFFIRMED: DENIED: X WITHDRAWN: RESOLVED: REFERRED: **If grievance is denied, give reason for denial. If affirmed, state what corrective action will be taken (if applicable):**These findings are based on a review of your grievance received on **October 18, 2020**. In your grievance, you made the following claim:

- Diet items and menu requirements.

Response: The Grievance Unit has reviewed and investigated your claim thoroughly and provided an explanation of its findings below.

The Aramark supervisor was contacted regarding your grievance. The supervisor advised you are not in possession of the current menu. All diet protocols are being met. *Showed copy to deputy.*

Your message request should be addressed to the kitchen deputies, the Aramark supervisor does not receive message requests from inmates.

Your grievance is **DENIED**.

Investigating Deputy: A. Nederostek, Deputy *[Signature]* Date: 11/06/20
 Investigating Supervisor: M. Carausu, Sergeant *[Signature]* Date: 11/06/20
 Inmate's Signature: David Misch
 Do you wish to appeal this ruling? Yes X No Refused to Answer Date: 11-11-20
 Appeal Officer: LT J. #1676 Recommendation: DENIED Date: 11/25/20
 Reason for affirmation or denial: (If different from above)
 Commanding Officer: Lt. Carrie Carone #1601 *[Signature]* Recommendation: **DENIED** Date: 12/4/2020